

**Facility ID Number:** IAS193110002

**FACILITY INFORMATION**

**Facility Name:** Siouxland Contracting (TA)

**Contact Name:** John Eriksen

**Address:** 2529 PoRoute Neal Industrial Road

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51054

**Phone:** (402)426-3119

**OWNER INFORMATION**

**Company Name:** Siouxland Contracting

**Contact Name:** John Eriksen

**Address:** 2546 South Highway 30

**City:** Blair

**State:** NE

**Zip:** 68008

**Phone:** (402)426-311

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6049	11	TA	T87N, R47W, Section 19, NE,SE	3	Woodbury, IA

MAR 14 1988

February 8, 1988  
DateEPA CLASS V INJECTION WELL INVENTORY  
PHONE CALL INFORMATION VERIFICATION RECORDName: Dahlen Transport, Inc. Address: Port Neal Rd.-Ind. Dist.City/State/Zip Code: Sergeant Bluff, IA 51054Phone (Area Code & Number): 612/459-3344County: Woodbury Township Sgt Bluff Luton-Liberty - X

What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: Has trap & pond for floor drain

Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: Terminal Transports Mainly LardLegal description:  $\frac{1}{4}$  Section          Section          Township          Range          XIRREG TCT IN NE CORNER BEING 533.16 FT X 418.50 FT X 524.05 FT X 417 FTNE SE 19-87-47

Lee O. Oltus  
Signature (Owner/Operator)

2-16-88  
Date

**Facility ID Number:** IAS193110003

**FACILITY INFORMATION**

**Facility Name:** Sioux City Wilbert Vault Company

**Contact Name:** Mike Byroad

**Address:** 3025 Humbolt Avenue

**City:** Sioux City

**State:** IA

**Zip:** 51111

**Phone:** (712)258-7541

**OWNER INFORMATION**

**Company Name:** William Wilbert Vault Works

**Contact Name:** John Williams

**Address:** P.O. Box 35245

**City:** Des Moines

**State:** IA

**Zip:** 50315

**Phone:** (515)244-756

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6281	11	AC	T88N, R47W, Section 30, NW,NW	3	Woodbury, IA

ATTN: John Williams 50305

June 22, 1988  
Date

NOTE: CALIF. THE ORIGINAL VALUE REACTION IN CORROSION

Phone (Area Code & Number): 712 258 7541

County: Woodbury Township Name: \_\_\_\_\_

6. Other: \_\_\_\_\_

Comments: Please furnish Legal Location.  
S. 250 FT LYING E. of W. 716.91 FT  
1/4 WEST of HIGHWAY NWNW 30-88-47  
PARCEL NO 580785 Book 14 Pg 185  
SGT. BLUFF - LUTON WOODBURY Co.

Signature (Owner/Operator)

Pres: \_\_\_\_\_

JUN 27 1988

**Facility ID Number:** IAS193110004

**FACILITY INFORMATION**

**Facility Name:** Nylen LTD, J. R. (TA)

**Contact Name:** Wallace Marx

**Address:** 2260 Andrew Avenue

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51054

**Phone:** (712)252-4337

**OWNER INFORMATION**

**Company Name:** Missouri Basin Construction Co.

**Contact Name:** Robert Marx

**Address:** 3421 Old Lakeport Road

**City:** Sioux City

**State:** IA

**Zip:** 51106

**Phone:** (712)276-632

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6282	11	TA	T87N, R48W, Section 01,	3	Woodbury, IA
6644	32	TA	T87N, R48W, Section 01,	3	Woodbury, IA

JUN<sup>17</sup> 29 1988

June 21, 1988  
Date

EPA CLASS V INJECTION WELL INVENTORY

PHONE CALL INFORMATION VERIFICATION RECORD

John Nylén

Name: Nylén Ltd., J.R. Address: Rte. 2

City/State/Zip Code: Sergeant Bluff, Ia. 5054-9802

Phone (Area Code & Number): 712 943 5095

Legal Location: Section I Township 87N Range 48

County: Woodbury (193) Township Name: \_\_\_\_\_

What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: \_\_\_\_\_

Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Owner/Operator) John Nylén

June 24, 1988  
Date

JUN 27 1988

**Facility ID Number:** IAS193110005

**FACILITY INFORMATION**

**Facility Name:** Western Iowa CO-OP

**Contact Name:** James Lake

**Address:** 1919 Highway 141

**City:** Sloan

**State:** IA

**Zip:** 51055

**Phone:** (712)428-3331

**OWNER INFORMATION**

**Company Name:** Western Iowa CO-OP

**Contact Name:** Jack Cronin

**Address:** 3330 Merville Blacktop

**City:** Hornick

**State:** IA

**Zip:** 51026

**Phone:** (712)874-321

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6307	11	AC	T86N, R46W, Section 29,	3	Woodbury, IA

**Facility ID Number:** IAS193110006

**FACILITY INFORMATION**

**Facility Name:** Whiskey Creek Farms

**Contact Name:** Dwight Wingert

**Address:** 1709 Highway 20

**City:** Lawton

**State:** IA

**Zip:** 51030

**Phone:** (712)943-5111

**OWNER INFORMATION**

**Company Name:** Whiskey Creek Farms

**Contact Name:** Brian Peterson

**Address:** 1739 Charles Avenue

**City:** Lawton

**State:** IA

**Zip:** 51030

**Phone:** (712)943-530

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6340	11	AC	T88N, R47W, Section 34, SW	3	Woodbury, IA
7720	32	AC	T88N, R47W, Section 34, SW	3	Woodbury, IA

JUL 18 1988

June 22, 1988  
Date

EPA CLASS V INJECTION WELL INVENTORY

PHONE CALL INFORMATION VERIFICATION RECORD

of Leroy Jones

Name: Schaeff. Namco Inc. Address: E. Hwy. 20, P.O. Box 1917

City/State/Zip Code: Sioux City, Ia. 51102-1917

Phone (Area Code & Number): 712 - 944 5111

Legal Location: Section SW 1/4 of 89N Township 46W Range 47W  
Section 34 Township 88N Range 47W

County: Woodbury (193) Township Name Concord

What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: \_\_\_\_\_

Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]  
Signature (Owner/Operator)

7/11/88  
Date

**Facility ID Number:** IAS193110008

**FACILITY INFORMATION**

**Facility Name:** Stockmens, Inc. (TA)

**Contact Name:** Gary Henry

**Address:** 1658 Highway 20

**City:** Lawton

**State:** IA

**Zip:** 51030

**Phone:** (712)274-1506

**OWNER INFORMATION**

**Company Name:** Stockmens, Inc.

**Contact Name:** Gary Henry

**Address:** 1658 Highway 20

**City:** Lawton

**State:** IA

**Zip:** 51030

**Phone:** (712)274-150

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6696	32	TA	T88N, R47W, Section 02,	3	Woodbury, IA

OCT 4 1988

Sept. 27, 1988  
Date

EPA CLASS V INJECTION WELL INVENTORY

PHONE CALL INFORMATION VERIFICATION RECORD

*\* for Barb or Gary Henry*  
Name: % Gary Henry Address: P.O. Box 1  
Stockmens INC. 223 Cedar St  
City/State/Zip Code: Lawton, Ia. 51030-0001  
Phone (Area Code & Number): 712-274-1506  
Legal Location: Section 02 Township 88N Range 41W  
County: Woodbury (193) Township Name Banner  
What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: \_\_\_\_\_

Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gary Henry  
Signature (Owner/Operator)

Sept. 30, 1988  
Date

**Facility ID Number:** IAS193110009

**FACILITY INFORMATION**

**Facility Name:** Roger's I-29 Auto

**Contact Name:** Roger VanBeek

**Address:** 1562 275th Street

**City:** Salix

**State:** IA

**Zip:** 51052

**Phone:** (712)946-7192

**OWNER INFORMATION**

**Company Name:** Roger's I-29 Auto

**Contact Name:** Guy Hopkins

**Address:** 1530 280th Street

**City:** Salix

**State:** IA

**Zip:** 51052

**Phone:** (712)946-548

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
6200	11	AC	T87N, R47W, Section 34, NW SE	3	Woodbury, IA

June 21, 1988  
Date

EPA CLASS V INJECTION WELL INVENTORY

PHONE CALL INFORMATION VERIFICATION RECORD

to Guy Hopkins

Name: H & H Welding & Machine, Inc. Address: R.R. 1

City/State/Zip Code: Salix, Ia. 51052-9801

Phone (Area Code & Number): 712 946 5488

Legal Location: Section NWSE Section 34 Township 87 Range 47

County: Woodbury (193) Township Name: Liberty

What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: \_\_\_\_\_

Please check and verify that the previously-provided information is correct (If not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (Owner/Operator) R. Guy Hopkins Date 12/12/88

Legal Description:  
W 80 FT. OF S 208.7 FT N 241.7 FT E 430.5 FT W 631.2 FT NWSE 34-87-47

**Facility ID Number:** IAS193110010

**FACILITY INFORMATION**

**Facility Name:** Williams Pipeline Company

**Contact Name:** Patti L. Schnigle

**Address:** 41St. & 75 Highway

**City:** Sioux City

**State:** IA

**Zip:** 51108

**Phone:** (918)588-3381

**OWNER INFORMATION**

**Company Name:** Williams Pipeline Company

**Contact Name:** John K. Long

**Address:** Old Highway 63 South

**City:** Waterloo

**State:** IA

**Zip:** 50701

**Phone:** (319)988-326

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
6613	11	AC	T89N, R47W, Section 11, SE	3	Woodbury, IA

April 4, 1988  
Date

EPA CLASS V INJECTION WELL INVENTORY  
PHONE CALL INFORMATION VERIFICATION RECORD

FEB 13 1988

Name: Williams Pipeline Co. Address: 41<sup>st</sup> & 75 Highway - Box 1146

City/State/Zip Code: Sioux City, Ia. 51108

Phone (Area Code & Number): 918-588-3381

Legal Location:  $\frac{1}{4}$  Section SE 1/4 Section 11 Township 89N Range 47W

County: Woodbury Township Name Sioux

What type of disposal system(s) are you using?

1. City Sewer System ☐
2. Septic, sanitary waste only ☒ Combined sanitary & floor drain ☐
3. Dry Wells (Shallow Hole with no outlets) ☐
4. Drainage Well ☐
5. Heat Pump Wells ☐
6. Other: \_\_\_\_\_

Please check and verify that the previously-provided information is correct (if not, correct or add appropriate information). Sign below, and return this sheet in the enclosed envelope. Keep one sheet for your records.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patti A. Schmigh  
Signature (Owner/Operator)  
Supervisor, Environmental Affairs

2-6-89  
Date

**Facility ID Number:** IAS193110011

**FACILITY INFORMATION**

**Facility Name:** Munitions Storage Complex - Bldg 311

**Contact Name:** Lt. Col. Gary Prescott

**Address:** Iowa Air National Guard - 185th Fighter Wing

**City:** Sioux City

**State:** IA

**Zip:** 51111

**Phone:** (712)233-0761

**OWNER INFORMATION**

**Company Name:** Iowa Air National Guard - 185th Fighter Wing

**Contact Name:** Lt. Col. Gary Prescott

**Address:** 2920 Headquarters Avenue

**City:** Sioux City

**State:** IA

**Zip:** 51111

**Phone:** (712)233-076

**Ownership:** Federal government

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
7205	29	AC	T28N, R47W, Section 15, NW	3	Woodbury, IA

IAS 193110011

# EPA-REGION 7 SHALLOW INJECTION WELL INFORMATION VERIFICATION RECORD

FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Munitions Storage Complex - Bldg 311  
 Facility Contact: Lt. Col. Gary Prescott Title: Base Civil Engineer  
 Address: 1A Air National Guard - 185th Fighter Wing, 2920 Headquarters Ave.  
 City: Sioux City State: IA Zip: 51111-1300  
 County: Woodbury  
 Phone: (712) 233-0761  
 EPA Identification Number(s): IAD 984566315  
 IDNR Identification Number(s): N/A

## WELL OWNER INFORMATION

Name: 1A ANA - 185th FW  
 Address: 2920 Headquarters Ave.  
 City: Sioux City State: IA Zip: 51111-1300  
 Phone: (712) 233-0761

## WELL OPERATOR INFORMATION (If different than Owner Information)

Name: N/A  
 Address: N/A  
 City: N/A State: N/A Zip: N/A  
 Phone: N/A

## INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)

Well Type (see attached sheet or write "Unknown"): Septic System (1000 gal. tank with 2 laterals) 5W 32?  
 Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
 Approximate Date Installed: Sept. 1998 Plugged or Abandoned, When? N/A  
 Well Location: Township: 28N Range: 47W Section: 15 1/4 Section: NW  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Depth of Well (In Feet): 3 Injection Formation: subsurface soils with sand/gravel aggregate.  
 Nature of Injected Fluid(s): sewage from restrooms and occasional wash water (no detergents)

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

Is there a water supply well at the facility: YES ☐ NO ☒ (if yes please answer the following questions)

Distance from Injection Well to Nearest Water Supply Well (In Feet): N/A

Depth of Water Supply Well (In Feet): N/A

**Facility ID Number:** IAS193110012

**FACILITY INFORMATION**

**Facility Name:** Munitions Storage Complex - Bldg 310

**Contact Name:** Lt. Col. Gary Prescott

**Address:** Iowa Air National Guard - 185th Fighter Wing

**City:** Sioux City

**State:** IA

**Zip:** 51111

**Phone:** (712)233-0761

**OWNER INFORMATION**

**Company Name:** IA Air National Guard - 185th

**Contact Name:** Lt. Col. Gary Prescott

**Address:** 2920 Headquarters Avenue Fighter Wing

**City:** Sioux City

**State:** IA

**Zip:** 51111

**Phone:** (712)233-076

**Ownership:** Federal government

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
7208	29	AC	T28N, R47W, Section 15, NW	3	Woodbury, IA

IAS193110012

EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD

FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Munitions Storage Complex - Bldg 310  
Facility Contact: Lt. Col. Gary Prescott Title: Base Civil Engineer  
Address: 1A Air National Guard - 185th Fighter Wing, 2920 Headquarters Ave.  
City: Sioux City State: IA Zip: 51111-1300  
County: Woodbury  
Phone: (712) 233-0761  
EPA Identification Number(s): IAD984566315  
IDNR Identification Number(s): N/A

WELL OWNER INFORMATION

Name: 1A ANG - 185th FW  
Address: 2920 Headquarters Ave.  
City: Sioux City State: IA Zip: 51111-1300  
Phone: (712) 233-0761

WELL OPERATOR INFORMATION (If different than Owner Information)

Name: N/A  
Address: N/A  
City: N/A State: N/A Zip: N/A  
Phone: N/A

INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)

Well Type (see attached sheet or write "Unknown"): 5W32? Septic system (1000 gal. tank and 2 laterals)  
Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
Approximate Date Installed: Sept 1998 Plugged or Abandoned, When? N/A  
Well Location: Township: 20N Range: 47W Section: 15 1/4 Section: NW  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Depth of Well (In Feet): 3 Injection Formation: subsurface soils with sand/gravel aggregate  
Nature of Injected Fluid(s): sewage from 2 restrooms and occasional washwater from high-pressure washer (no detergent).

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

Is there a water supply well at the facility? YES ☐ NO ☒ (if yes please answer the following questions)

Distance from Injection Well to Nearest Water Supply Well (In Feet): N/A

Depth of Water Supply Well (In Feet): N/A

**Facility ID Number:** IAS193110013

### **FACILITY INFORMATION**

**Facility Name:** Twenty Seven Flags

**Contact Name:** Terry L. Johnson

**Address:** 2299 Alicia Avenue

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51054

**Phone:** (712)943-2299

### **OWNER INFORMATION**

**Company Name:** Twenty Seven Flags

**Contact Name:** Terry L. Johnson

**Address:** 2407 Seneca Way

**City:** Sioux City

**State:** IA

**Zip:** 51104

**Phone:** (712)239-483

**Ownership:** Private- Business or other for-profits

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
7236	29	AC	, R87, Section 01, SW	3	Woodbury, IA

IAS193110013

**EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD**

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Twenty-Seven F/ABS.  
 Facility Contact: TERRY L. JOHNSON Title: OWNER/MANAGER  
 Address: 2299 Alicia Ave.  
 City: Sgt. Bluff Iowa State: IOWA Zip: 51054  
 County: Woodbury Phone: 712-~~8~~943-2299  
 Number of Employee's (full and part time): 8  
 EPA Identification Number(s): \_\_\_\_\_  
 IDNR Identification Number(s): 7688?

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: TERRY L. JOHNSON  
 Address: 2407 Seneca Ave  
 City: Sioux City State: IOWA Zip: 51104  
 Phone: 712-239-4836 Home

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
 SEPTIC SYSTEM ☒ (tank size in gallons: 1000)

OTHER ☐ (please describe: \_\_\_\_\_)

Well Status: PROPOSED ☐ ACTIVE ☐ ABANDONED ☐ PLUGGED ☐

Approximate Date Installed: 10/96 If Plugged or Abandoned, When? \_\_\_\_\_

Well Location: Township: West Liberty Range: 87 Section: 1 1/4 Section: SW

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Depth of Well (In Feet): \_\_\_\_\_ Injection Formation: \_\_\_\_\_

Nature of Injected Fluid(s): \_\_\_\_\_

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☐ NO ☐ Private: YES ☒ NO ☐ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☐ NO ☒

Is the well protected with a backflow prevention device: YES ☒ NO ☐

Signature: \_\_\_\_\_

Date: 7/28/98

Owner ☒ Operator ☐

**Facility ID Number:** IAS193110014

**FACILITY INFORMATION**

**Facility Name:** Terra Nitrogen

**Contact Name:** R. L. McIntosh

**Address:** 1182 260th Street

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51154

**Phone:** (712)943-5501

**OWNER INFORMATION**

**Company Name:** Terra Industries

**Contact Name:** Unknown

**Address:** 600 4th Street

**City:** Sioux City

**State:** IA

**Zip:** 51101

**Phone:** (712)277-134

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
7276	11	AC	T87N, R48W, Section 24, SW	4	Woodbury, IA
7277	11	AC	T87N, R48W, Section 24, SW	5	Woodbury, IA
7278	11	AC	T87N, R48W, Section 24, SW	5	Woodbury, IA

**EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD**

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Terra Nitrogen  
Facility Contact: R. L. McIntosh Title: Environmental Coordinator  
Address: 1182 260th Street  
City: Sergeant Bluff State: Iowa Zip: 51054  
County: Woodbury Phone: (712) 943-5501  
Number of Employee's (full and part time): 120  
EPA Identification Number(s): IAD022314496  
IDNR Identification Number(s): 009700104

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: Terra Industries  
Address: 600 4th Street  
City: Sioux City State: Iowa Zip: 51101  
Phone: (712) 277-1340

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☒ (tank size in gallons: 9724 )  
OTHER ☐ (please describe: \_\_\_\_\_ )  
Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
Approximate Date Installed: Oct 95 If Plugged or Abandoned, When? \_\_\_\_\_  
Well Location: Township: 87 North Range: 48 West Section: 24 1/4 Section: SW  
Latitude: 042°20'10" Longitude: 096°22'40"  
Depth of Well (In Feet): 4 Injection Formation: Sand with no clay layers  
Nature of Injected Fluid(s): Sanitary wastes

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☐ NO ☐

Is the well protected with a backflow prevention device: YES ☐ NO ☐

Signature: [Signature]  
Owner ☐ Operator ☒ Plant Manager

Date: 7/15/98

EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD

## FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Terra Nitrogen  
Facility Contact: R. L. McIntosh Title: Environmental Coordinator  
Address: 1182 260th Street  
City: Sergeant Bluff State: Iowa Zip: 51054  
County: Woodbury Phone: (712) 943-5501  
Number of Employee's (full and part time): 120  
EPA Identification Number(s): IAD022314496  
IDNR Identification Number(s): 009700104

## FACILITY OWNER INFORMATION (If different than Facility Information)

Name: Terra Industries  
Address: 600 4th Street  
City: Sioux City State: Iowa Zip: 51101  
Phone: (712) 277-1340

## INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☒ (tank size in gallons: unknown)

OTHER ☐ (please describe: \_\_\_\_\_)

Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐

Approximate Date Installed: 1966 If Plugged or Abandoned, When? \_\_\_\_\_

Well Location: Township: 87 North Range: 48 West Section: 24 1/4 Section: SW

Latitude: 042°20'10" Longitude: 096°22'40"

Depth of Well (In Feet): 5 Injection Formation: Sand with no clay layers

Nature of Injected Fluid(s): Sanitary Wastes, chemical lab wastes

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

## FACILITY WATER SUPPLY

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☐ NO ☐

Is the well protected with a backflow prevention device: YES ☐ NO ☐

Signature: John E. West  
Owner ☐ Operator ☒ Plant Manager

Date: 7/15/98

**EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD**

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Terra Nitrogen  
Facility Contact: R. L. McIntosh Title: Environmental Coordinator  
Address: 1182 260th Street  
City: Sergeant Bluff State: Iowa Zip: 51054  
County: Woodbury Phone: (712) 943-5501  
Number of Employee's (full and part time): 120  
EPA Identification Number(s): IAD022314496  
IDNR Identification Number(s): Q09700104

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: Terra Industries  
Address: 600 4th Street  
City: Sioux City State: Iowa Zip: 51101  
Phone: (712) 277-1340

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☒ (tank size in gallons: unknown)  
OTHER ☐ (please describe: \_\_\_\_\_)  
Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
Approximate Date Installed: 1966 If Plugged or Abandoned, When? \_\_\_\_\_  
Well Location: Township: 87 North Range: 48 West Section: 24 1/4 Section: SW  
Latitude: 042°20'10" Longitude: 096°22'40"  
Depth of Well (In Feet): 5 Injection Formation: Sand with no clay layers  
Nature of Injected Fluid(s): Sanitary wastes

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☐ NO ☐

Is the well protected with a backflow prevention device: YES ☐ NO ☐

Signature: Jed E. [Signature]  
Owner ☐ Operator ☒ Plant Manager

Date: 7/15/98

**Facility ID Number:** IAS193110015

### **FACILITY INFORMATION**

**Facility Name:** Farmland Industries, Inc.

**Contact Name:** Loy Bakken

**Address:** 2735 PoRoute Neal Circle

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51054

**Phone:** (712)943-5624

### **OWNER INFORMATION**

**Company Name:** Farmland Industries, Inc.

**Contact Name:** Harvey Spangler

**Address:** Highway 20

**City:** Fort Dodge

**State:** IA

**Zip:** 50501

**Phone:** (515)543-436

**Ownership:** Private- Business or other for-profits

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
7284	11	AC	T87N, R47, Section 31,	10	Woodbury, IA

JAS193110018

**FARMLAND INDUSTRIES**  
**SEPTIC SYSTEM INFORMATION VERIFICATION RECORD**  
for  
**EPA-REGION VII**

**FACILITY INFORMATION** *(Complete a separate form for each Facility that has a Septic System)*Facility Name: Farmland Industries, Inc.Facility Contact: Loy L. BakkenTitle: Terminal SuptAddress: 2735 Port Neal CircleCity: Sergeant BluffState: IowaZip: 51054County: WoodburyPhone: 712-943-5624Number of Employees (Full and part time): 6 Number of visitors (Average per day): 26EPA Identification Number(s): IAD072916265IDNR Identification Number(s): IAD072916265**FACILITY OWNER INFORMATION** *(If different than Facility Information)*Name: Farmland Industries, Inc.Address: P O Box 7305, Department 141City: Kansas CityState: MissouriZip: 64116-0005Phone: (816) 459-3880**SEPTIC SYSTEM INFORMATION** *(Complete this section for each Septic System at Facility)*Well Type: CESSPOOL ☐ *(In feet, surface dimensions \_\_\_\_\_ x \_\_\_\_\_ and depth x \_\_\_\_\_ feet)*DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐SEPTIC SYSTEM WITH LEACHFIELD/LATERALS ☒ *(Tank size in gallons: 500)*SEPTIC SYSTEM WITHOUT LEACHFIELD/LATERALS ☐ *(Tank size in gallons: \_\_\_\_\_)*OTHER ☐ *(Please describe): \_\_\_\_\_*Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐Approximate Date Installed: 6-68 If plugged or abandoned, When? \_\_\_\_\_Well Location: Township: 87 Range: 47 Section: 31 1/4 Section: \_\_\_\_\_Latitude: 96 deg 21' 43.5" West Longitude: 42 deg 18' 27" NorthDepth of Well (in feet): 10 Injection Formation: \_\_\_\_\_Nature of Injected Fluid(s): Solely sanitary waste YES ☒ NO ☐ *(if no, describe below:)*Has any chemical analysis been done on the injectate? YES ☐ NO ☒ *(if yes, attach copies of results)*

**FLOOR DRAINS**

Does the facility have any floor drains? YES ☒ NO ☐ If yes, are any floor drains connected to the septic tank system? YES ☐ NO ☒ If yes, list the types of materials that may enter the floor drains:

---

---

**FACILITY WATER SUPPLY**

Municipal/Public/Rural: YES ☐ NO ☒ Private: YES ☒ NO ☐ (if yes please answer the following)

Is the water supply well at the facility used for human consumption: YES ☒ NO ☐

Is the well protected with a backflow prevention device: YES ☐ NO ☒

Signature: Bruce Boon FOR LOYALTY Date: DEC 10, 1998

Owner ☐ Operator ☒

**Facility ID Number:** IAS193110016

### **FACILITY INFORMATION**

**Facility Name:** Neal North Site Septic System Leach Field

**Contact Name:** Doug Haiston

**Address:** PoRoute Neal Industrial Road

**City:** Sergeant Bluff

**State:** IA

**Zip:** 51054

**Phone:** (712)277-6345

### **OWNER INFORMATION**

**Company Name:** MidAmerican Energy

**Contact Name:** Unknown

**Address:** 666 Grand Avenue

**City:** Des Moines

**State:** IA

**Zip:** 50303

**Phone:** (712)277-634

**Ownership:** Private- Business or other for-profits

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
7289	11	AC	T87N, R48W, Section 25,	6	Woodbury, IA
7290	11	AC	, , Section ,	8	Woodbury, IA
7295	11	AC	, , Section ,	8	Woodbury, IA

IAS 193110016

EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Neal North Site Septic System Leach Field  
Facility Contact: Doug Haiston Title: Chemist  
Address: Port Neal Industrial Road  
City: Sergeant Bluff State: IA Zip: 51054  
County: Woodbury Phone: (712) 277-6345  
Number of Employee's (full and part time): 100  
EPA Identification Number(s): IAD000678045, IA0004103  
IDNR Identification Number(s): 9700102, 9778105

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: MidAmerican Energy  
Address: 666 Grand Avenue, P.O. Box 657  
City: Des Moines State: IA Zip: 50303  
Phone: (712) 277-6345

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☒ (tank size in gallons: 6200 )

OTHER ☐ (please describe: \_\_\_\_\_)

Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐

Approximate Date Installed: 1974 If Plugged or Abandoned, When? \_\_\_\_\_

Well Location: Township: T87N Range: R48W Section: 25 1/4 Section: 25

Latitude: 42° 19' 27" Longitude: 96° 23' 47"

Depth of Well (In Feet): 6.33' Injection Formation: Sand/Gumbo

Nature of Injected Fluid(s): Septic Tank Water Overflow

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☒ NO ☐

Is the well protected with a backflow prevention device: YES ☒ NO ☐

Signature: [Signature] Date: 7/23/98

Owner ☐ Operator ☒

**EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD**

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Neal North Coal Handling Septic System

Facility Contact: Doug Haiston

Title: Chemist

Address: Port Neal Industrial Road

City: Sergeant Bluff

State: IA

Zip: 51054

County: Woodbury

Phone: (712) 277-6345

Number of Employee's (full and part time): 100

EPA Identification Number(s): IAD000678045, IA0004103

IDNR Identification Number(s): 9700102, 9778105

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: MidAmerican Energy

Address: 666 Grand Avenue, P.O. Box 657

City: Des Moines

State: IA

Zip: 50303

Phone: (712) 277-6345

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐

SEPTIC SYSTEM ☒ (tank size in gallons: 2000 )

OTHER ☐ (please describe: \_\_\_\_\_ )

Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐

Approximate Date Installed: 1970 If Plugged or Abandoned, When? \_\_\_\_\_

Well Location: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Depth of Well (In Feet): 8' Injection Formation: \_\_\_\_\_

Nature of Injected Fluid(s): Septic Tank Water Overflow

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☒ NO ☐

Is the well protected with a backflow prevention device: YES ☒ NO ☐

Signature: 

Date: 7/23/98

Owner ☐ Operator ☒

IAS193

EPA-REGION 7 SHALLOW INJECTION WELL  
INFORMATION VERIFICATION RECORD

## FACILITY INFORMATION (Complete a separate form for each Facility that has an Injection Well)

Facility Name: Neal North Guard Shack Septic System  
Facility Contact: Doug Haiston Title: Chemist  
Address: Port Neal Industrial Road  
City: Sergeant Bluff State: IA Zip: 51054  
County: Woodbury Phone: (712) 277-6345  
Number of Employee's (full and part time): 100  
EPA Identification Number(s): IDD000678045, IA0004103  
IDNR Identification Number(s): 9700102, 9778105

## FACILITY OWNER INFORMATION (If different than Facility Information)

Name: MidAmerican Energy  
Address: 666 Grand Avenue, P.O. Box 657  
City: Des Moines State: IA Zip: 50303  
Phone: (712) 277-6345

## INJECTION WELL INFORMATION (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☒ (tank size in gallons: 1000 )  
OTHER ☐ (please describe: \_\_\_\_\_ )  
Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
Approximate Date Installed: 1995 If Plugged or Abandoned, When? \_\_\_\_\_  
Well Location: Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
Depth of Well (In Feet): 8' Injection Formation: Sand  
Nature of Injected Fluid(s): Septic Tank Water Overflow

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

## FACILITY WATER SUPPLY

Municipal / Public / Rural: YES ☒ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)

Is the water supply well at the facility used for human consumption: YES ☒ NO ☐

Is the well protected with a backflow prevention device: YES ☒ NO ☐

Signature: [Signature] Date: 7/23/98

Owner ☐ Operator ☒

## NEAL NORTH SEPTIC SYSTEMS

### Neal 3 Main System Information:

Assumed Load	100 persons
Sewage/Capita/Day	50 gallons
Sewage/Day	5000 gallons
Sewage/Hour (24 hour day)	208 gallons
Septic Tank Capacity	6200 gallons
Retention Time	28 hours
Septic Tank Top Elevation	1078.83
Septic Tank Bottom Elevation	1070.67
Grade Elevation	1077.00
Depth Below Grade (Tank Bottom)	6.33

### Guard Shack System:

Assumed Load	1 persons
Sewage/Capita/Day	50 gallons
Sewage/Day	50 gallons
Sewage/Hour (24 hour day)	2 gallons
Septic Tank Capacity	1000 gallons
Retention Time	20 days
Septic Tank Top Elevation	1074
Septic Tank Bottom Elevation	1070
Grade Elevation	1078
Depth Below Grade (Tank Bottom)	8

### Coal Handling System

Assumed Load	9 persons
Sewage/Capita/Day	50 gallons
Sewage/Day	450 gallons
Sewage/Hour (24 hour day)	19 gallons
Septic Tank Capacity	2000 gallons
Retention Time	44 hours
Septic Tank Top Elevation	1074
Septic Tank Bottom Elevation	1070
Grade Elevation	1078
Depth Below Grade (Tank Bottom)	8

**Facility ID Number:** IAS193110017

**FACILITY INFORMATION**

**Facility Name:** Midamerican Energy - Neal South

**Contact Name:** Jim Gilbert

**Address:** 2761 PoRoute Neal Circle

**City:** Sioux City

**State:** IA

**Zip:** 51110

**Phone:** (712)277-5252

**OWNER INFORMATION**

**Company Name:** MidAmerican Energy - Neal South

**Contact Name:** Jim Gilbert

**Address:** 2761 Port Neal Circle

**City:** Sioux City

**State:** IA

**Zip:** 51110

**Phone:** (712)277-525

**Ownership:** Private- Business or other for-profits

**WELL INFORMATION AS OF 3/25/2015**

WELL NUMBER	CLASS	OPERATION STATUS	LOCATION	TOTAL DEPTH	COUNTY
7291	11	AC	T87N, R47W, Section 31,	3	Woodbury, IA

IAS 193110067

EPA-REGION 7 SHALLOW INJECTION WELL  
REGISTRATION/INFORMATION VERIFICATION RECORD

**FACILITY INFORMATION** (Complete a separate form for each Facility that has an Injection Well)

Facility Name: MidAmerican Energy Neal South  
Facility Contact: Jim Gilbert Title: Chemist  
Address: 2761 Port Neal Circle  
City: Sioux City State: IA Zip: 51110  
County: Woodbury Phone: (712) 277-5252  
Number of Employee's (full and part time): 90  
EPA Identification Number(s): N/A  
IDNR Identification Number(s): N/A

**FACILITY OWNER INFORMATION** (If different than Facility Information)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**INJECTION WELL INFORMATION** (Complete this section for each Injection Well at Facility)

Well Type: CESSPOOL ☐ DRAINAGE WELL ☐ DRY WELL ☐ HEAT PUMP RETURN FLOW WELL ☐  
SEPTIC SYSTEM ☐ (tank size in gallons: \_\_\_\_\_)  
OTHER ☐ (please describe: On site sewage treatment system drains into underground) laterals  
Well Status: PROPOSED ☐ ACTIVE ☒ ABANDONED ☐ PLUGGED ☐  
Approximate Date Installed: 1979 If Plugged or Abandoned, When? N/A  
Well Location: Township: 87N Range: 47W Section: 31 1/4 Section: \_\_\_\_\_  
Latitude: 42 deg. 18 min. 3 Longitude: 96 deg. 21 min. 41 sec.  
Depth of Well (In Feet): 12 Injection Formation: Sand and clay.  
Nature of Injected Fluid(s): Treated sanitary waste.

Has any chemical analysis been done on the injectate? YES ☐ NO ☒ (if yes please attach copies of the results)

**FACILITY WATER SUPPLY**

Municipal / Public / Rural: YES ☐ NO ☐ Private: YES ☐ NO ☒ (if yes, answer the following questions)  
Is the water supply well at the facility used for human consumption: YES ☒ NO ☐  
Is the well protected with a backflow prevention device: YES ☐ NO ☒

Signature: Mark Hefner for Rod Hefner Date: 10-5-98  
Owner ☐ Operator ☐

**Facility ID Number:** IAT193050001

### **FACILITY INFORMATION**

**Facility Name:** WinnaVegas Casion Gas Station

**Contact Name:** unknown

**Address:** 1500 330th St

**City:** Sloan

**State:** IA

**Zip:** 50155

**Phone:** (712)428-9466

### **OWNER INFORMATION**

**Company Name:** WinnaVegas Casion Gas Station

**Contact Name:** unknown

**Address:** 1500 330th St

**City:** Sloan

**State:** IA

**Zip:** 50155

**Phone:** (712)428-946

**Ownership:** Other- Tribal government

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
7327	32	AC	T86N, R46W, Section ,	3	Woodbury, 383
7328	32	AC	T86N, R46W, Section ,	3	Woodbury, 383

**Facility ID Number:** IAS193260001

### **FACILITY INFORMATION**

**Facility Name:** Former Hwy 75 Truck Stop

**Contact Name:** Linda J. Watts

**Address:** 3104 Hwy 75 North

**City:** Sioux City

**State:** IA

**Zip:** 51105

**Phone:** 605-335-5512

### **OWNER INFORMATION**

**Company Name:** GeoTek Engineering & Testing Services, Inc.

**Contact Name:**

**Address:** 909 East 50th Street North

**City:** Sioux Falls

**State:** SD

**Zip:** 57104

**Phone:** 605-335-5512

**Ownership:** Private- Business or other for-profits

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
8989	26	AC	T89N, R47W, Section 14, SW	30	Woodbury, IA
8990	26	AC	T89N, R47W, Section 14, SW	30	Woodbury, IA
8991	26	AC	T89N, R47W, Section 14, SW	30	Woodbury, IA
8992	26	AC	T89N, R47W, Section 14, SW	30	Woodbury, IA
8993	26	AC	T89N, R47W, Section 14, SW	30	Woodbury, IA

**Facility ID Number:** IAS193260002

### **FACILITY INFORMATION**

**Facility Name:** Former Williams Petroleum South Sioux City Site

**Contact Name:** Elyn Potter

**Address:** 3701 S. Lewis Boul

**City:** Sioux City

**State:** IA

**Zip:** 51106

**Phone:** 816-421-7766

### **OWNER INFORMATION**

**Company Name:** Leggette, Brashears & Graham, Inc

**Contact Name:**

**Address:** 405 19th Avenue, Suite A2

**City:** North Kansas City

**State:** MO

**Zip:** 64116

**Phone:** 816-421-7766

**Ownership:** Private- Business or other for-profits

### **WELL INFORMATION AS OF 3/25/2015**

<b>WELL NUMBER</b>	<b>CLASS</b>	<b>OPERATION STATUS</b>	<b>LOCATION</b>	<b>TOTAL DEPTH</b>	<b>COUNTY</b>
8994	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
8995	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
8996	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
8997	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
8998	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
8999	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9000	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9001	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9002	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9003	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9004	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9005	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9006	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9007	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9008	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9009	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9010	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9011	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9012	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9013	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9014	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9015	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA

[illegible]

9061	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9062	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9063	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9064	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9065	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9066	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9067	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9068	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9069	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9070	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9071	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9072	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9073	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9074	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9075	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9076	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9077	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9078	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9079	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9080	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9081	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9082	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9083	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9084	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9085	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9086	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9087	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9088	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA
9089	26	AC	T88N, R48W, Section 13,	20	Woodbury, IA